



# **DISASTER RESPONSE & RECOVERY GUIDE**

**Department of Health and Social Services**

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**State of Alaska**

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**August 1998**



# DEPARTMENT OF HEALTH AND SOCIAL SERVICES DISASTER RESPONSE/RECOVERY GUIDE

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August 1998

# DEPARTMENT OF HEALTH AND SOCIAL SERVICES

## DISASTER RESPONSE/RECOVERY GUIDE

### **PURPOSE**

The purpose of this guide is to prescribe policies and procedures governing DHSS's roles and responsibilities in assisting the Governor and the Alaska Division of Emergency Services, Department of Military and Veteran Affairs (DMVA) (under the *State of Alaska Emergency Plan*) and the Department of Environmental Conservation (DEC) (under the *State and Regional Oil and Hazardous Substance Discharge Prevention and Contingency Plan*), to respond to, or assist in recovery from, disaster emergencies. These include:

- Planning and assisting in the development of the organizations and resources required statewide to ensure the availability of health and welfare activities that will be needed during and following a disaster emergency.
- Assigning and training employees, based on PCN and position title, to staff the department's initial disaster response team and the State Emergency Coordination Center (SECC), upon request of the Division of Emergency Services, DMVA.

\* It shall be the responsibility of each Division Director to provide the Commissioner's office with the names and contact information for at least two disaster contacts. In turn, the designated individuals should maintain updated lists of personnel to contact in the event of a statewide disaster.

## **ROLES & RESPONSIBILITIES**

DHSS roles and responsibilities as specified under the *State of Alaska Emergency Plan* (See Appendix 2), and the *State and Regional Oil and Hazardous Substance Discharge Prevention and Contingency Plan* include:

- Provide staff support to the SECC upon request of the Governor and the Department of Military and Veterans Affairs (DMVA) or the Department of Environmental Conservation (DEC).
- Serve as a lead state agency for assessing the needs for, recommending, and/or providing medical, public health, and welfare services in a disaster emergency.
- Assist in coordinating predisaster planning of emergency medical services between regions and with out-of-state and federal resources.
- Assist local communities and other agencies in the assessment of needs for, and provision of, needed health facilities, health personnel, and health and medical equipment/supplies.
- Coordinate, through the Division of Mental Health and Developmental Disabilities, the provision of crisis counseling and outreach to victims in affected communities, and to rescuers.
- Advise the Department of Environmental Conservation regarding medical and health consequences of oil and hazardous material spills.

## **TRAINING**

### **Assumptions:**

Each division has specific expertise and resources, which may be requested in a disaster.

Each division has certain responsibilities under the department's disaster operations plan.

In a disaster, the ability of the department to respond in a rapid and efficient manner may save lives and relieve suffering.

The likelihood of a major disaster increases each day one does not occur. To maintain the department's readiness to respond, periodic training should occur which provides appropriate staff with information on:

- the responsibilities of the department in a disaster;
- how the department fits within the state's disaster plan;
- their roles and responsibilities as department employees in a disaster;
- the responsibilities of their division in a disaster;
- how the division fits within the department's disaster plan;
- how emergency communications will occur;
- how state and federal personnel will interact to fulfill the department's mission as outlined in the state emergency operations plan.

It is recommended that scenario based training be provided at least each year and that it includes an opportunity for designated staff members to become familiar with division disaster checklists and resource lists.

## **DEPARTMENT OF HEALTH AND SOCIAL SERVICES EMERGENCY COORDINATION CENTER**

In a disaster, the Department of Health and Social Services may be called upon to provide assistance. Depending on the nature of the disaster, there are several ways in which the department may respond.

In some cases, the department may be able to provide the assistance required with little or no change in its day to day operations. For example, personnel in the State Emergency Coordination Center may request assistance in locating mental health professionals who have been trained to respond to the mental health needs of rescuers and patients following a disaster.

In major events, such as an earthquake with deaths and injuries, the department is likely to send representatives to staff the State Emergency Coordination Center at the Alaska National Guard Armory on Fort Richardson. These individuals may need to interact with departmental personnel from several divisions. Some disasters may require that certain key department personnel gather periodically to be informed of disaster related developments and to make decisions about how best to fulfill the mission of the department outlined in the State Emergency Operations Plan.

To that end, the Commissioner may designate a location in Anchorage or Juneau as the department's Emergency Coordination Center, to coordinate with staff at the State Emergency Coordination Center (SECC).

## **GUIDELINES FOR ALL DHSS EMPLOYEES**

### **During a Disaster Emergency All DHSS Employees Are Hereby Assigned To:**

- Identify potential hazards and take action, as appropriate, to ensure the safety of DHSS staff and the general public (e.g. evacuating damaged buildings);
- Provide for the protection of department property and records vital to continuing operation of DHSS business (if such action will not jeopardize individual safety);
- Curtail or suspend less essential administrative activities while emergency management activities take priority;
- Report to supervisors and division directors as much accurate information as possible about local areas affected by the disaster as well as impacts on DHSS offices;
- Forward appropriate state facility damage information to the closest Department of Transportation and Public Facilities maintenance station;
- Report to supervisors and division directors the critical personnel and supply needs of the department;
- Support local emergency operations, as appropriate, if they do not interfere with urgent agency missions or responsibilities;
- Report to supervisors and division directors on emergency related activities conducted by DHSS employees; and
- Avoid unnecessary risks and becoming directly involved in rescue activities unless properly trained and equipped (e.g. volunteer firefighters and EMTs may be authorized leave if assistance is requested by appropriate local or state officials).



## **COMMISSIONER'S OFFICE**

The **DHSS Commissioner**, or alternate, will:

- Provide overall policy direction for developing plans, organizations, staffing, training and other resources for coping with disaster emergencies requiring health and welfare services that exceed the capabilities of the stricken area(s).
- Advise the Governor and Commissioner of the Department of Military and Veteran Affairs or the Commissioner of the Department of Environmental Conservation on policy matters pertaining to the medical, health, and welfare aspects of emergency and disaster response and recovery.
- Ensure that appropriate DHSS staff are contacted in the event of a major disaster emergency, or potential disaster, that requires a response from the department.
- Be briefed at least once a day, or more often as needed, by the DHSS Emergency Management Coordinator (Director, Division of Public Health or alternate) regarding DHSS disaster response roles and responsibilities, and needs.
- Advise the Governor and Commissioners of Military and Veteran Affairs and Environmental Conservation regarding DHSS roles, responsibilities, and needs in responding to the disaster emergency.
- Assign the Division of Public Health Radiological Physicist to advise the DMVA and DEC on appropriate response to peacetime radiological incidents.
- Assign all appropriate DHSS Divisions and Sections to respond to requests, from local communities or other state agencies, for assistance regarding medical, health, or welfare services to respond to, or recover from, the disaster emergency.
- Assign the Division of Administrative Services, DHSS, to maintain appropriate fiscal records and designate accounting codes for disaster emergency related activities.
- With assistance from division directors, monitor status of facilities owned or operated by DHSS in affected areas.

## **DIVISION OF PUBLIC HEALTH**

**Director of the Division of Public Health,** or alternate:

- Has responsibility for the overall coordination of DHSS disaster emergency preparedness planning and response.
- Will act as DHSS Emergency Management Coordinator upon receipt of notice of a disaster emergency, or potential disaster emergency.
- Be the principal contact person, for the Commissioner, with the Division of Emergency Services, Department of Military and Veteran Affairs, or with the Division of Spill Prevention and Response, Department of Environmental Conservation.
- Keep the DHSS Commissioner and other appropriate DHSS staff apprised of existing or potential disaster situations and the needs for DHSS support.
- Work with the DHSS Commissioner and other appropriate DHSS staff to develop DHSS disaster response and recovery plans, policies and procedures.
- Be the lead DHSS staff person assigned to the Alaska Division of Emergency Services' State Emergency Coordination Center (SECC) and designate other appropriate DHSS SECC staff members.
- Establish protocols with the Commissioners of Military and Veteran Affairs and/or Environmental Conservation and with the Chief of the Section of Community Health and EMS, to activate the National Disaster Medical System in the event of a serious mass casualty disaster that exceeds the treatment capabilities of hospitals in Alaska (See Appendix 1).

## **Section of Community Health and Emergency Medical Services**

**Section Chief**, (under the direction of the Director, Division of Public Health), or alternate shall:

- Have responsibility for assisting the DMVA for predisaster planning for the emergency medical services aspects of multiple casualty incidents that exceed the capabilities of affected communities (See Appendix 1).
- Assist in staffing the State's Emergency Coordination Center (SECC), upon request of the DHSS Emergency Management Coordinator and the Division of Emergency Services, DMVA.
- Assist the DMVA in establishing protocols for requests from local communities for additional emergency medical personnel, equipment, transport vehicles, or supplies.
- Assist the DMVA with planning for needed air medical services, including air ambulance services, National Guard, Coast Guard, and military resources, to help medevac large numbers of injured or ill victims to appropriate medical facilities in Alaska or to out-of-state medical facilities.
- Assist the DMVA with planning for and obtaining needed primary care services in communities impacted by the disaster emergency.

## **Section of Epidemiology**

The Section of Epidemiology may have important roles in the early phase of the disaster, during the critical days of the disaster's evolution, and potentially in long-term follow-up.

### ***Early Role:***

- Provide, if necessary, back-up medical and nursing advice and consultation as requested by the DMVA, the DEC, and Director of Public Health, or the Commissioner of DHSS.
- Evaluate potential public health risks and make recommendations to the disaster response team and the general public.

### ***As the Disaster Evolves:***

- Establish a centralized surveillance system for responders and providers to report any disaster-related diseases.
- Provide rapid analysis of reports received by the surveillance system and issue reports and recommendations based upon such analyses.
- Promptly investigate any reports or rumors of outbreaks of communicable diseases.
- Investigate other potential threats to public health as may be necessary.
- Disseminate results of surveillance and investigations in order to alert the public to potential health risks and to ease public fear and reduce rumors.

### ***Long-Term Follow-up:***

- Provide technical information on potential long-term health effects of specific exposures to hazardous substances or communicable diseases during or following the disaster.
- Conduct epidemiologic studies of effected populations to assess long-term health effects of exposure to specific environmental hazards.

## **Section of Laboratories**

The Chief, Section of Laboratories, or alternate:

- Ensures that appropriate and comprehensive laboratory testing services are available to affected populations.
- Provides expertise and assistance in the proper collection, handling, and shipping of clinical specimens.
- Provides environmental testing services as required.
- Assists other private, federal, and state laboratories with personnel, material, services, and/or expertise.
- Initiates new tests or reestablishes old tests as required for the maintenance of a healthy population for the duration of the emergency and recovery period.
- Provides data to Epidemiology to assess the health risks to the affected populations.
- Provides assurances to the public concerning the safety and health concerns generated by the emergency.

In the event of a major nuclear-related incident impacting Alaska, two situations may occur, The Governor of Alaska may declare a disaster emergency and therefore the State of Alaska Emergency Plan would be activated, and DMVA would be the lead agency. For non-declared emergencies, the DEC would more than likely serve as the lead agency under its hazardous materials response system.

The Radiological Physicist, or alternate, would:

- Develop appropriate protective action guidelines (PAGs) for response to radiological releases. EPA-developed Federal protective action guidelines may be used if deemed appropriate for Alaska.
- Coordinate health advisories with DMVA or DEC prior to release over statewide media networks.
- Alert the U.S. Food and Drug Administration (US FDA) and U.S. Nuclear Regulatory Commission (NRC) of the potential for radiological contamination impacting the State of Alaska.

- Advise the SECC on the potential health hazards resulting from the deposition of radiological contamination.
- Maintain contact with health facilities and provide them with updated status reports.
- Provide a representative to the Unified Command structure at the SECC or at DEC.

## **Section of Nursing**

Refer to the Section's telephone tree for establishing contact with management staff in major locations throughout the state. Depending on the type and magnitude of the disaster, the Section of Nursing staff may be most useful in the following ways (under the direction of the Director, Division of Public Health or alternate/designee and the Chief of the Section of Nursing):

- Mobilize a massive immunization effort.
- Serve as backup for nurses skilled in treating casualties. However, many PHNs have not worked in high tech hospital or emergency nursing situations so their skills and expertise may be better used in working with families, or on local organizing efforts.
- Provide crisis intervention with families. Reassure and work with family members. Help families with grief in cases of injury or death, or loss.
- Help set up a system for reuniting family members.
- Assist with quick assessments and help families/ communities plan. PHNs have a lot of knowledge of multiple agencies and resources to help families. PHNs could work with the Red Cross and other agencies to help organize mass temporary housing situations. PHNs also know basic health and safety requirements for food, water, sewage and waste disposal and are skilled at dealing with individuals and families, and communities in distress situations.
- Assist with health care of victims, other than high tech trauma or emergency medical nursing care.
- Beyond the immediate needs in a disaster, PHN IIs and above should be continuing members of a team to establish normalcy, (recovery) after the emergency.

## **Section of Maternal, Child & Family Health**

Refer to the Section's telephone tree for establishing contact with management staff in Anchorage and Juneau. Depending on the type and magnitude of the disaster, the Section of Maternal, Child & Family Health could be most useful in the following ways (under the direction of the Director, Division of Public Health or alternate, and the Chief of the Section of Maternal, Child, and Family Health):

- The Health Care Program for Children with Special Needs, the Maternal and Adolescent Health Program, and the Healthy Families Program all employ nurses who could provide backup for nurses more skilled in treating casualties. Many of these nurses have not worked in the direct service field for many years so their skills and expertise may be better used as backup on working with families.
- The Nutrition Service and WIC program staff are trained nutritionists who work with food vendors in providing food to remote areas and would provide good guidance if food deliveries to remote areas were interrupted. They can also provide information on alternative food choices to meet individual nutritional needs.
- The Infant Learning Program staff have experience in delivery of home based services to families of developmentally disabled children and would be good at some crisis intervention with families or in backup to public health nurses for working with families.
- The Healthy Alaskans Information Line is a toll-free statewide information and referral service, operational 24 hours a day. Callers to the line interact with an information and referral specialist who interviews the caller and suggests services to meet the caller's needs. The toll-free number is 1-800-478-2221. The database is supporting the toll free line is accessible through the Internet at [www.ak.org](http://www.ak.org). Click on "Healthy Alaskans Cooperative Services Directory." The database includes the details of services offered by over 1700 statewide providers.



## **Bureau of Vital Statistics**

In the event of a disaster that renders a local recording magistrate unable to fulfill his or her responsibilities for initial receipt of vital events information, Bureau of Vital Statistics staff will be able to directly receive and issue certificates of death and birth for victims in the affected areas.

## **Medical Examiner's Office**

In a mass fatality incident, the Office of the State Medical Examiner has a variety of roles and associations, to include the following:

- *Body recovery:* Once the living have been rescued, the recovery of human remains from the scene should ensue. The Medical Examiner will work with the investigating agency (if the possibility of a crime has not been ruled out) and other agencies at the scene – fire, police, EMS, national guard, airport safety, etc. – to recover the remains. According to AS 12.65.020, no human remains can be removed without permission from the Medical Examiner.
- *Staging:* In most situations, the recovered remains will be moved to a staging area, where preliminary accessioning steps are completed and where remains are prepared for shipment to the place of examination. These activities are the responsibility of the Medical Examiner.
- *Morgue operations:* Body reception, x-ray, fingerprinting, dental exam and x-ray, autopsy, embalming, check-out and the associated quality assurance and cross-checking mechanisms all are the Medical Examiner's responsibility.
- *Logistic support for Medical Examiner operations:* Tags, body bags, personal protective equipment, and other such equipment and supplies necessary for the processing of remains must be provided, ultimately the responsibility of the Medical Examiner.
- *Fiscal accountability:* The Medical Examiner must document all expenditures in support of operations (highly important since undocumented costs will not be reimbursed by federal assistance programs).
- *Family service center:* This is the area and the mechanism through which the families of the deceased interface with the Medical Examiner. The Medical Examiner will receive antemortem x-rays and dental records here. Medical Examiner staff will provide updates to family members of the deceased. Here, families are protected from the press and mental health counselors can provide grief counseling, and other agencies who need to interface with families can do so (e.g., Red Cross).

- *Critical incident stress debriefing:* Debriefing should be provided to both families of the deceased and those who worked in the processing of the event, especially those who worked in the Medical Examiners operations.
- *Operations support:* Food, drink, rest, and respite must be provided for persons processing for the Medical Examiner's Office.

## **DIVISION OF MENTAL HEALTH & DEVELOPMENTAL DISABILITIES**

An important service provided or coordinated through the division is crisis intervention and other emergency mental health services in areas affected by the disaster situation. Each Local Mental Health Program (LMHP) will have a mental health disaster/emergency response plan for utilization of the mental health resources in its service area. Many of these LMHPs will have created a mental health response team (MHRT). These MHRTs are multi-disciplinary teams of mental health professionals who provide necessary interventions in the initial phases of disaster recovery. MHRTs provide essential mental health services to victims and other disaster/emergency workers.

The division can make available staff professionals, including persons from the Alaska Psychiatric Institute (API) and the central and regional offices. In addition, the division maintains a list of persons from community programs it funds throughout the state, who have disaster training. The division director can help assemble and direct crisis response teams.

Division staff can assist disaster response officials and local mental health centers to apply for grants from the Federal Emergency Management Agency (FEMA) to fund disaster crisis counseling teams.

API may be available as an inpatient hospital setting for persons experiencing severe emotional reactions during and following the disaster incident.

There are persons in the Alaska mental health system trained to participate in critical incident stress debriefing (CISD) activities for emergency response personnel following a disaster. (However, if these persons are part of a response effort during a disaster, they may not be appropriate for the debriefing activity.)

## **DIVISION OF PUBLIC ASSISTANCE**

The primary goals for the Division of Public Assistance in the event of a major disaster would be to:

- Determine eligibility and grant aid to Alaskans eligible for emergency food and cash assistance.
- Coordinate emergency assistance operations with other agencies in the state.
- Protect the Division's computer system, equipment and case records.
- Receive, disburse, and account for federal and state funds made available for emergency public assistance services.

## **DIVISION OF MEDICAL ASSISTANCE**

### **THE FIRST HEALTH SERVICES CORPORATION (FHSC) SECURITY/DISASTER RECOVERY PLAN**

FHSC is the contract claims administrator for the Division of Medical Assistance (Medicaid claims).

FHSC's network security plan and mainframe disaster recovery plan is available for review from the DMA security officer and the alternate security officer. Procedures for gaining access, passwords and accounts in Eligibility Information System (EIS) and Medicaid Management Information System (MMIS) are addressed in the documentation for those systems. The access for EIS and MMIS is coordinated by the DMA Systems Manager, Jeff Hubbard, or his designee.

## **DIVISION OF FAMILY & YOUTH SERVICES**

The Division of Family and Youth Services (DFYS) staff can provide assistance in a disaster, depending on the circumstances and the nature of the disaster.

- Licensing staff can assist in establishing temporary childcare arrangements. Staff is skilled in the organization and development of childcare and similar community programs.
- Staff can assist in caring for children who are orphaned by the disaster or otherwise separated from parents or guardians.
- Staff can try to see that DFYS's adult clients are safe, although most of those clients probably will have been seen by medical or other agency staff.
- Staff have crisis intervention, needs assessment, referral, and case management skills, and can be used in a variety of ways, such as: staffing crisis line; assisting families whose loved ones are missing or dead; who need assistance in obtaining required services; or who need childcare while they care for other family members.
- Staff may be able to coordinate with community residential and foster care programs to make some beds available for emergency or temporary shelter care.
- Some corrections staff have First Aid and CPR certification and could assist emergency medical teams.
- Vehicles assigned to probation offices and facilities could be used to transport disaster victims.
- Some youth facility food services sections might be used to prepare food for community shelters.

## **DIVISION OF ALCOHOLISM & DRUG ABUSE**

### ***Considerations:***

- ADA has only 27 staff statewide, located in two communities - Juneau and Anchorage - and therefore has a limited capacity for a direct role in DHSS disaster response.
- ADA has 60 grantees located throughout the state and funds approximately 500 residential alcohol and drug abuse treatment beds. The overall occupancy rate in these beds is approximately 70% meaning that approximately 120 beds are unused statewide at any given time.

### ***Short Term:***

- ADA grantees with residential capability will be informed of the Division's intent that available residential capacity will be used to provide emergency housing during a disaster.
- ADA Field Operations staff in Anchorage will be instructed to contact grantees in the area of a disaster (if possible) to determine if grantees have available beds for emergency housing.
- ADA staff will notify the nearest DHSS State Emergency Coordination Center (SECC) personnel of the capacity and location of emergency housing available through ADA grantees.
- If ADA staff cannot contact the SECC they will provide information to the nearest local coordinating center concerning the availability of emergency housing.
- In the event staff are unable to communicate with the grantees they will contact the SECC to provide information about potential emergency housing and to offer their services to perform any necessary tasks.

### ***Long Term:***



- ADA can include language in future grants requiring grantees to provide services such as emergency housing which are within the capability of the grantee and compatible with the agency mission. (Similar provisions could be included in other Departmental grants).
- ADA can establish protocols for grantee response in disaster situations and for coordination between ADA staff and grantees.
- ADA can establish protocols for individual and overall agency response in disaster situations.

## **DIVISION OF ADMINISTRATIVE SERVICES**

The Division of Administrative Services maintains appropriate fiscal records and designates accounting codes for disaster activities.

### **Facilities and Planning Section:**

- Staff will assist other Divisions if DHSS facilities are damaged in a disaster. The Division of Administrative Services also manages the Commissioner's Contingency Fund, a fund established for small emergency capital projects.
- Information Systems staff will also provide assistance to reestablish WAN and other telecommunications linkages.

## APPENDIX #1

### Recommended Protocol for *Emergency Medical Response to Multiple or Mass Casualty Incidents*

- Hospitals, impacted by the mass casualty incident, should keep Local Emergency Coordination Centers (LECCs) apprised of their status periodically, at least every two hours.
- When hospitals and other medical facilities anticipate or reach saturation with injured or ill victims, the LECC should notify the SECC.
- After notification that one or more hospitals are reaching saturation, the SECC then should contact hospitals with surgical capabilities in minimally or unimpacted communities to determine the number of severely injured victims they can accept.
- The SECC then should contact air medical resources through the state Rescue Coordination Center (RCC), including air ambulance services, National Guard, Coast Guard, or military services, as needed, to arrange transportation of injured victims.
- The nearest major airport to the multiple or mass casualty incident should be contacted to arrange a staging area for injured victims and for arrival and departure of air medical resources. A large hangar should be designated for the staging area, preferably heated in cold weather.
- The SECC then should notify LECCs to advise prehospital emergency medical responders to begin transporting injured victims to designated airport staging areas rather than to saturated local hospitals.
- When it appears that all major medical facilities in Alaska will exceed capacity, the State ECC should contact the National Disaster Medical System at (800) USA-NDMS, to begin making arrangements to transport patients to hospitals outside Alaska. This may involve use of National Guard and military aircraft.
- In consultation with LECCs and hospitals, the SECC should make a determination regarding requests for Disaster Medical Assistance Teams (DMATs) through NDMS, and should advise NDMS on the types of medical personnel or equipment needed.
- As aircraft begin transporting patients to out-of-state facilities, they may be requested by the SECC to pick up needed medical personnel and/or supplies for their return trips to Alaska.
- Depending upon the promptness and effectiveness of the response from NDMS, the SECC may choose to coordinate with Harborview Trauma Center in Seattle through Airlift Northwest Air Ambulance Service, at (206) 223-8377, to coordinate with receiving hospitals and medical transport services in the Seattle area.

## DHSS RESPONSIBILITIES/TASKS UNDER STATE EMERGENCY OPERATIONS PLAN

<b>RESPONSIBILITY/TASK</b>	<b>PRE- EMERGENCY</b>	<b>DISASTER EMERGENCY</b>
<b>COORDINATION AND CONTROL</b>		
• Develop checklists and standard operating procedures in support of this plan.	X	
• Coordinate with Federal Emergency Support Functions (ESFs):		X
➤ ESF #6 Mass Care		X
➤ ESF #8 Health and Medical Services		X
➤ ESF #11 Food		X
<b>COMMUNICATIONS</b>		
• Provide back-up communications resources, as appropriate.		X
<b>HUMAN SERVICES</b>		
• Provide Human Services resources.		X
• Help coordinate use of emergency medical and health care resources.		X
• Provide technical assistance to control disease and identify public health hazards.		X
• Assist those providing assistance to victims requiring special care.		X
<b>DAMAGE ASSESSMENT</b>		
• Long term care/medical facilities.		X
• Coordinate with federal agencies in areas of mutual interest.		X
<b>FINANCE AND ADMINISTRATION</b>		
• Administer the field purchase order and invoice system.		X
• Administer contracts and service agreements.		X
• Collect disaster related cost data and furnish cost estimates and projections, upon request.		X
• Maintain an audit trail of billings and invoice payments.		X
<b>RADIOLOGICAL PROTECTION</b>		
• Train state and local personnel in radiological protective measures and in the use of Civil Defense instruments.	X	
• Inspect radiation sources to determine possible radiation hazards.	X	
• Assess the impact of the effects of a radiological incident on the health of the populace in the affected area.		X

**AGENCY FUNCTION CHART**

<b>P = Primary Responsibility</b> <b>S = Support Responsibility</b> <b>AGENCIES</b>	<b>FUNCTIONS</b>	Coordination & Control	Communications	Warning	Public Safety	Human Services	Public Works	Natural Resources	Damage Assessment	Finance & Administration	Radiological Protection
Governor		<b>S</b>									
EOC (SECC) State Area Commander		<b>S</b>								<b>S</b>	
EOC (SECC) Operations		<b>S</b>			<b>S</b>	<b>S</b>	<b>S</b>		<b>S</b>		
EOC (SECC) Plans		<b>S</b>	<b>S</b>								
EOC(SECC) Logistic		<b>S</b>	<b>S</b>								
EOC (SECC) Finance										<b>S</b>	
AK Dept of Military & Veteran Affairs		<b>P</b>	<b>P</b>	<b>P</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>P</b>	<b>P</b>	<b>P</b>
AK Dept of Administration			<b>S</b>						<b>S</b>	<b>S</b>	
AK Dept of Commerce & Economic Development			<b>S</b>				<b>S</b>		<b>S</b>		
AK Dept of Community & Regional Affairs						<b>S</b>	<b>S</b>		<b>S</b>		
AK Dept of Corrections					<b>S</b>						
AK of Education						<b>S</b>					
AK Dept of Environmental Conservation			<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>	<b>S</b>		<b>S</b>
AK Dept of Fish & Game					<b>S</b>			<b>S</b>	<b>S</b>		
AK Dept of Health & Social Services						<b>P</b>			<b>S</b>		<b>S</b>
AK Dept of Labor						<b>S</b>					<b>S</b>
AK Dept of Law										<b>S</b>	
AK Dept of Natural Resource				<b>S</b>		<b>S</b>		<b>P</b>	<b>S</b>		
AK Dept of Public Safety					<b>P</b>						
AK Dept of Revenue						<b>S</b>					
AK Dept of Transportation & Public Facilities					<b>S</b>		<b>P</b>		<b>S</b>		
Office of Management & Budget										<b>S</b>	
National Warning Center				<b>S</b>							
AK Earthquake Information Center				<b>S</b>							
National Weather Service				<b>S</b>							
AK Tsunami Warning Center				<b>S</b>							
AK Volcano Observatory				<b>S</b>							
American Red Cross						<b>S</b>			<b>S</b>		
Civil Air Patrol					<b>S</b>				<b>S</b>		<b>S</b>
NAWAS State Area Warning Points				<b>S</b>							
Corps of Engineers									<b>S</b>		

## **RESPONDING TO THE STATE EMERGENCY COORDINATION CENTER**

In a state or federally declared disaster, the Department of Health and Social Services may be asked to provide staff or designees to represent the department at the State Emergency Coordination Center (SECC). The center is located at the Alaska National Guard Armory on Fort Richardson in Anchorage, and is designed to support federal and state disaster representatives. The center facilitates interaction between local, state and federal disaster response officials under the incident command system.

Some Anchorage based DHSS personnel may be designated to respond to the SECC to temporarily represent the department while other department disaster response/recovery personnel travel from Juneau to the SECC.

### **Work Related Equipment and Supplies to Bring to the SECC**

- Portable Computer with fax/modem
- Cellular Telephone
- Reference Materials:
  - State and Federal Emergency Response Plans
  - Department (DHSS) Emergency Disaster Response and Recovery Guide
  - Department (DHSS) Telephone Directory
  - State of Alaska Telephone Directory
  - Alaska Emergency Medical Services Directory
  - Other resources dictated by nature of event

### **Equipment and Supplies Likely to be Present at the SECC**

- One desktop computer connected to the First Class electronic mail/file system used for disaster management.
- Two voice telephone lines
- One voice grade telephone line for fax and data
- Work space for two to four department representatives

## **APPENDIX #5**

### ***FEDERAL EMERGENCY SUPPORT FUNCTIONS (ESFS)***

- **ESF #1** – Transportation
- **ESF #2** – Communications
- **ESF #3** – Public Works and Engineering
- **ESF #4** – Firefighting
- **ESF #5** – Information and Planning
- **ESF #6** – Mass Care
- **ESF #7** – Resource Support
- **ESF #8** – Health and Medical Services
- **ESF #9** – Urban Search and Rescue
- **ESF #10** – Hazardous Materials
- **ESF #11** – Food
- **ESF #12** – Energy

# Department of Health and Social Services

## *Standard Operating Procedure*

### Disaster Response Mobilization

#### H&SS Disaster Response Personnel:

Name	Title	Phone Number	Normal Work Location
Johnson, Mark	Chief, Section of Community Health and EMS	465-3027	Juneau
Anderson, Matt	Unit Manager, Emergency Medical Services Program	465-3027	Juneau
Risley, Doreen	Public Health Specialist, Emergency Medical Services Program	465-3027	Juneau
McKenzie, Elaine	Deputy Chief, Public Health Nursing	562-9577	Anchorage
Roth, Anita	Regional Nurse Manager, Southcentral Region, Public Health Nursing	562-5454	Anchorage

#### Response to Emergency Duty Stations:

In the event of a disaster which is likely to result in the activation of the State Emergency Coordination Center (SECC) at Fort Richardson, Anchorage based H&SS disaster response personnel will report for duty at the SECC.

Juneau based H&SS disaster response personnel will make arrangements to travel as quickly as possible to the Fort Richardson SECC and will, if travel will be delayed, report to their offices to provide assistance by telephone, e-mail and fax until the time of travel.

#### Identification:

Department representatives will request and be issued disaster identification cards through the Alaska Division of Emergency Services, Department of Military and Veterans Affairs.

#### Communications:

Representatives of the Department of Health and Social Services will be equipped with a cellular telephone and will use communications capabilities existing within the SECC to communicate with key department representatives outside the SECC. The department may identify a location to be used as a Emergency Coordination Center for the department.



## APPENDIX # 7

### PERSONNEL CONTACT LIST

<u>Department of Health and Social Services:</u>	Office
Commissioner: Karen Perdue	465-3030
Deputy Commissioner: Jay Livey	465-3030
Deputy Commissioner: Russell Webb	465-3030
Special Assistant: Elmer Lindstrom	465-3030
<u>Division of Public Health:</u>	
Director: Peter Nakamura, MD, MPH	465-3090
Health Program Manager IV: Karen Pearson	465-3090
<u>Section of Community Health and Emergency Medical Services:</u>	
Chief: Mark Johnson	465-3027
EMS Unit Manager: Matt Anderson	465-3027
Public Health Specialist: Doreen Risley	465-3027
<u>Section of Nursing:</u>	
Chief: Nancy Davis	465-3150
Deputy Chief: Elaine McKenzie	562-9577
<u>Section of Epidemiology:</u>	
Chief: John Middaugh, MD	269-8000
Public Health Medical Specialist: Michael Beller, MD	269-8000
<u>Medical Examiner:</u>	
Chief: Michael Propst, MD	269-5690 (24 hour contact
Deputy: Norman Thompson, MD	269-5690 number)
<u>Laboratories:</u>	
Chief: Gregory Hayes, DrPH	269-7941
Director of Radiology: Clyde Pearce	269-7911
Director of Bacteriology: Rose Tanaka	274-1602
Director of Virology: Don Ritter	474-6060
<u>Section of Maternal Child &amp; Family Health:</u>	
Chief: Pam Muth	269-3410
Health Program Manager: Mary Diven	465-3103
<u>Vital Statistics:</u>	
Chief: Al Zangri	465-8606
<u>Medicaid Services:</u>	
Chief: Bradley Whistler	465-2845

<u>Division of Administrative Services:</u>	
Director: Janet Clarke	465-3082
<u>Division of Alcoholism and Drug Abuse:</u>	
Director: Loren Jones	465-2071
<u>Division of Family and Youth Services:</u>	
Family Services Administrator: Theresa Tanoury	465-3191
Youth Corrections Administrator: George Buhite	465-2212
<u>Division of Medical Assistance:</u>	
Director: Bob Labbe	465-3355
<u>Division of Mental Health and Developmental Disabilities:</u>	
Director: Karl Brimmer	465-3370
<u>Division of Public Assistance:</u>	
Director: Jim Nordlund	465-2680